



**STATE OF WASHINGTON
SECRETARY OF STATE**

Ralph Munro, Secretary of State

**CERTIFICATION AUTHORITY
LICENSE APPLICATION**

Per Chapter 19.34 RCW – The Washington Electronic Authentication Act

FEE: \$1,400.00

TWO PAGES — COMPLETE ALL SECTIONS

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

DIGITAL SIGNATURE PROGRAM
505 E. UNION • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

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FILED: / /	BY:
NUMBER:	

IMPORTANT! Person to contact about this filing

Daytime Phone Number (with area code)

NAME AND ADDRESS OF CERTIFICATION AUTHORITY (CA) SUBMITTING THIS APPLICATION

CA Name _____

Mailing Address _____

City _____ State or Country _____ ZIP or Postal Code _____

Physical Address (If different) _____

City _____ State or Country _____ ZIP or Postal Code _____

E-Mail Address _____ URL _____

HAS THIS CERTIFICATION AUTHORITY PREVIOUSLY BEEN LICENSED IN THE STATE OF WASHINGTON?

☐ No ☐ Yes *If yes, list previous license number(s) and date(s) of issue:*

IS THIS CERTIFICATION AUTHORITY A GOVERNMENT ENTITY?

☐ No ☐ Yes *If yes, provide name of government unit:*

IS THIS CERTIFICATION AUTHORITY LICENSED IN ANOTHER JURISDICTION?

☐ No ☐ Yes *If yes, provide name of jurisdiction & applicant's license number:*

DOES THIS CERTIFICATION AUTHORITY WISH TO HAVE ITS FOREIGN LICENSE RECOGNIZED BY THE STATE OF WASHINGTON?

☐ No ☐ Yes

NAME OF REPOSITORY USED BY THIS CERTIFICATION AUTHORITY

REPOSITORY URL

THIS REPOSITORY IS OPERATED BY (OR WILL BE OPERATED BY)

☐ Applicant ☐ Other *If other, provide name of operating entity:*

WASHINGTON REPOSITORY LICENSE NUMBER (Not necessary if application for repository recognition is being made concurrent with this application)

TYPE OF SUITABLE GUARANTY ISSUED TO THIS CERTIFICATION AUTHORITY

☐ Surety Bond ☐ Irrevocable Letter of Credit

TYPE OF SURETY (e.g. Insurance Co., Bank)

NAME AND ADDRESS OF SURETY

Surety Name _____

Address _____

City _____ State or Country _____ ZIP or Postal Code _____

Daytime Phone Number (with area code) _____ E-Mail Address _____

**APPLICATION CONTINUED ON NEXT PAGE
PLEASE COMPLETE ALL SECTIONS**

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PAGE 2 — CERTIFICATION AUTHORITY LICENSE APPLICATION
PLEASE COMPLETE ALL SECTIONS

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RESTRICTIONS

Please describe any requested restrictions of the license being applied for *(if necessary, attach additional information)*:

JUDGEMENTS

Please list any and all judgements filed against this CA withing the last five (5) years *(if necessary, attach additional information)*:

ATTACHMENTS

Please indicate that the following required items are attached to this application:

- ☐ Certification Practice Statement in Paper **AND** Electronic Format*
- ☐ Audit Report and Summary of Audit Report in Paper **AND** Electronic Format*
- ☐ List of Operative Personnel Employed by the CA
- ☐ Copy of Certification for each listed Operative Personnel
- ☐ License Fee

**Electronic copies should be provided on 3.5" diskette in ASCII Text format (*.txt)*

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AFFIRMATION OF APPLICANT

I certify under penalty of perjury under the laws of the State of Washington that I am authorized to sign on behalf of the certification authority submitting this application and that the foregoing is true and correct

_____ Signature	_____ Printed Name
_____ Title	_____ Date

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